

FLORIDA  
DEPARTMENT OF CORRECTIONS/PAROLE COMMISSION

**APPLICATION FOR COMPACT SERVICES  
AND AGREEMENT TO RETURN**

Sending State: Florida

Receiving State New YorkI, Wilfredo Batista

DC No

712717

hereby apply for supervision pursuant to the Interstate Compact for the Supervision of Parolees and Probationers. I understand that it is likely that there will be certain differences between the supervision I would receive in Florida and the supervision which I will receive in receiving state. However, I urge the authorities to whom this application is made, and all other judicial and administrative authorities, to recognize that supervision in another state, if granted as requested in this application, will be a benefit to me and will improve my opportunities to make a good adjustment. In order to get the advantages of supervision under the Interstate Compact, I accept such differences of supervision as may be provided, and I do state that I consider the benefits of supervision under the Compact to be worth any adjustments in my situation which may be necessary.

I also consent to the release of any drug/alcohol treatment information by the State of Florida to any authorized agent of the receiving state for the purpose of transferring supervision. This consent remains in effect from date of request and becomes revocable upon return to Florida or termination of supervision.

In view of the above, I do hereby apply for permission to be supervised in receiving state for the following reasons:

1. That I will make my home with Celeste Batista  
(name and address)  
644 W. 173<sup>rd</sup> Street #C3 NY NY 10032, until a change of residence is duly authorized by the proper authorities of the receiving state.
2. That I will comply with the conditions of supervision as fixed by both the State of Florida and the receiving state.
3. That I will, when duly instructed by the Florida authorities, return at any time to the said state.
4. That I will obtain permission and reporting instructions from the Florida authorities before travelling to any third state for transfer purposes.
5. That I hereby do waive extradition to the State of Florida from any jurisdiction in or outside the United States where I may be found and also agree that I will not contest any effort by any jurisdiction to return me to the State of Florida.
6. Failure to comply with the above will be deemed to be a violation of the terms and conditions of supervision for which I may be returned to the State of Florida.

I (have read the above) (have had the above read and explained to me), and I understand it's meaning and agree thereto.

Date

7-1-98

Signed

Wilfredo Batista

The foregoing instrument was acknowledged before me this

7/1/96

by

Wilfredo Batista

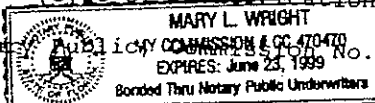
(date)

(offender's name)

who has produced as identification

(type of identification)

Notary



(Name of Notary typed, printed or stamped)

On this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, permission was granted to the above offender to supervised in the receiving state.

Interstate Compact Administrator or Designee

## Investigation Request

(Compact Office of Jurisdiction)

Department of Corrections  
Bureau of Interstate Compact  
2601 Blair Stone Road  
Tallahassee, FL 32399-2500

Date Requested: 7/23/98

Receiving State: New York

County: Manhattan

☐ Parole  
☒ Probation  
☐ Other☐ Misdemeanor  
☒ Felony  
☐ Sex Offender/High Profile☒ Transfer Request  
☐ Records Check  
☐ Other:RE: Wilfredo Batista AKA: N/A  
DC No: T12717 R/S: W/M DOB: 7/6/77 SSN: 092-64-7506

(X) Check if offender is in receiving state.

Resides With: Celeste Batista  
Relationship: Mother  
Address: 644 W. 173rd St. #C3  
New York, NY 10032  
Telephone: 212-781-2638Employer: Webster Groceries  
Supervisor: Chino & Luless  
Address: 1393 Webster  
Bronx, NY  
Telephone: 718-293-7014Offense(s): Dkt. #98-2442 Ct. 1 Robbery, Ct. 2 Criminal MischiefDate Convicted: 7/1/98  
Date Sentenced: 7/1/98  
Disposition: Pled Guilty  
Adjudication: Guilty (X)  
Adjudication W/E: ( )County of Sentence: Hillsborough  
Institutional Release Date: N/A  
Parole/Probation Period: Ct. 1 36 months, Ct. 2 12 months  
Termination Date: Ct. 1 6/30/01, Ct. 2 6/30/99  
Maximum Sentence Expires: 6/30/01We desire to transfer this person on parole/probation to your state:  
DI As a resident ☐ DI Employment ☐ DI Family resides in your state ☐ DI With your consent ☐

Case Summary and criminal record attached.

☒ Parole/Probation Order  
☒ Pre/Post Sentence Investigation  
☒ Classification Material/  
Background Investigation☒ Compact Forms  
☒ Travel Permit  
☐ Other Court/Supervision Documents

Reply should discuss among other things, suitability of prospective residence, employment, family, environment, attitude of receiving state and other pertinent facts.

Comments/Special Conditions: \$256 COURT COSTS; \$150 COST OF PROSECUTION; \$200 RESTITUTION TO  
BE PAID WITHIN 20 MONTHS; \$150 CRIMES COMPENSATION FUND; \$50 FD APPLICATION FEE; 50 CSW HOURS  
AT FIVE HOURS PER MONTH; MAY TRANSFER TO NEW YORK; NATIVE FLORIDA COST OF SUPERVISION.

Interstate Compact Administrator

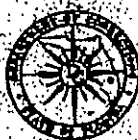
Prepared by: RodriguezOffice: Tampa East-13AApproved by: CarateDate: 7/27/98

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

(Florida Compact Authority)

# FLORIDA DEPARTMENT OF CORRECTIONS



AUG 13 1998

Harry K. Singletary, Jr.  
Secretary

Quality Is Compulsory

Larry Chiles  
Governor

Date: August 6, 1998

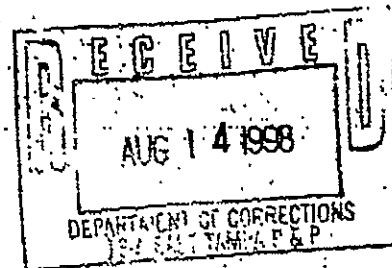
To: NY Probation  
Interstate Compact

Re: Wilfredo Batista  
FL No.: T12717

Please investigate the above individual's plan for supervision transfer. Have the compact forms signed and returned if attached.

Robert M. Porter  
Chief of Interstate Compacts

cc: Tampa-13A Ronald Harrelson



5 13-H Tampa  
NYS Division of Probation and Correctional Alternatives  
INTERSTATE COMPACT UNIT  
4 Tower Place, Albany, New York 12203-3702  
FVI

TRANSMITTAL SHEET FOR INCOMING CASES

To:

RECEIVED  
FLORIDA  
INTERSTATE COMPACT  
SEP 11 AM 11:24  
JANET PATTERSON, SPO  
MANHATTAN ADULT SUPERVISION  
100 CENTRE STREET, 14TH FLOOR  
NEW YORK, NEW YORK 10013

Date: 09/04/98

SEP 18 1998

RE: BATISTA, WILFREDO

DOB: 07/06/77

NYS Client ID: 0814365  
T12717

Attached is a request for:

- X - Transfer of Supervision
- Transfer of Supervision Involving a Sex Offense
- Investigation with a View to Transferring Supervision
- Investigation Not Involving Transfer

The following documents are enclosed (in duplicate):

- X - Request for Investigation
- X - Signed Order and Conditions of Probation
- X - Legal and Social History
- X - Application For Compact Services
- X - Agreement to Return
- Sex Offender Registration Form (where applicable and available)

SEP 21 1998  
All correspondence and pertinent documentation relating to acceptance, rejection, violation of probation, retaking, case closing, and change of address outside local jurisdiction MUST be sent through NYS DPCA's Interstate Compact Unit. Please include the NYS Client ID Number on all correspondence.

Copy of this Transmittal Sheet to:

ROBERT PORTER, ADMINISTRATOR  
INTERSTATE COMPACT - ADULTS  
2601 BLAIRSTONE ROAD  
TALLAHASSEE, FLORIDA 32399

This copy is notification that your request has been forwarded to the appropriate county probation department in New York State on the date of this transmittal.

Sandra A. Layton  
Supervisor



THE CITY OF NEW YORK  
DEPARTMENT OF PROBATION  
MANHATTAN ADULT SUPERVISION100 CENTRE STREET, ROOM 1414  
NEW YORK, NEW YORK 10013Date: 10-14-98Florida Adult Interstate  
Department of Corrections  
2601 Blairstone Road  
Tallahassee, Fla. 323999

We have received your request for interagency service in the case of:

Name: Batista, Wilfredo DOB: 7-6-77  
Your case number: T12717 Our case number: NC9801585☒ The case has been accepted and assigned to:P.O. Cleara At: 212-442-6123  
S.P.O. \_\_\_\_\_ At: \_\_\_\_\_☐ We regret we cannot accept this case because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_RECEIVED  
FLORIDA  
INTERSTATE COMPACT  
98 DEC -1 PM 1:29

YOURS TRULY,

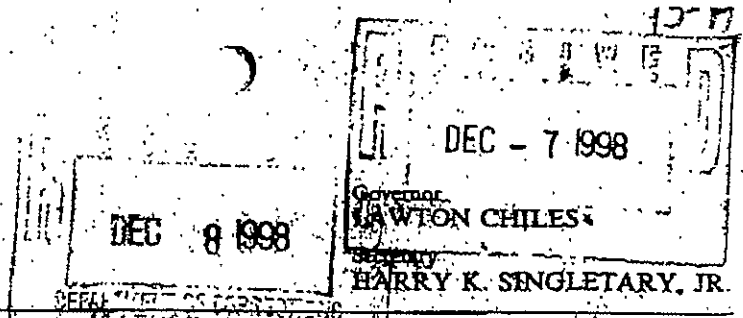
  
Lorena Gilmore, Branch ChiefApproved By:   
S.P.O. J. Patterson - (212) 442-4882Per: Yenetia E. Meor  
Probation Officer / Telephone Number

cc:P.O. \_\_\_\_\_ (NC)



FLORIDA  
DEPARTMENT of  
CORRECTIONS

An Affirmative Action/Equal Opportunity Employer



2601 Blair Stone Road • Tallahassee, FL 32399-2500 • 904/438-4818

To: Tampa - R. Harrison  
Re: Wilfredo Batista  
State & County: NY - Probation  
☒ Probation ( ) Parole

Date: 12/3/98  
Florida No: T12717  
Other State No: NY 9801585

- ☒ 1. Please use above identifying information in future correspondence.
- ☐ 2. Refer to correspondence of \_\_\_\_\_ [ ] Respond by \_\_\_\_\_
- ☒ 3. For your information. [ ] Assist as requested by the attached.
- ☐ 4. Notice of Arrival/Return ( ) attached ( ) submit.
- ☐ 5. Request for: ( ) Presentence Investigation ( ) Records Check  
( ) Postsentence ( ) Progress Report
- Respond, in duplicate, directly to other state. No copy to this office.
- ☐ 6. Investigate for supervision transfer. Case material attached.
- ☒ 7. Supervision accepted. ☒ Effective date of transfer 10/14/98
- ☐ 8. Early termination requested.
- ☐ 9. Violation Report attached. Please advise your Board/Court's decision.
- ☐ 10. Enter warrant in NCIC. Identify in NCIC that this is a compact case and that a waiver has been signed.
- ☐ 11. We have closed interest effective \_\_\_\_\_
- ☐ 12. Supervision rejected. [ ] Instruct subject to return.
- ☐ 13. Florida will close interest in \_\_\_\_\_ days unless otherwise notified.
- ☐ 14. Unable to identify. Please clarify.

REMARKS: \_\_\_\_\_

Robert M. Porter  
Chief, Interstate Compacts

BY: L. Allen

CC:

Officer / Location: HAMELSON 15TH

DC# \_\_\_\_\_

**ORDER OF PROBATION**

STATE OF FLORIDA

-vs- Plaintiff

Wilfredo Batista  
DefendantIn The CIRCUIT Court OfHILLSBOROUGH County, FloridaCase No. 98-2442Div: A**I. THE DEFENDANT, having:**

- ☒ entered a plea of guilty to:  
☐ entered a plea of nolo contendere to:  
☐ been found guilty by jury verdict of:  
☐ been found guilty by the court trying the case without a jury of:

(Ch1-Robbery)  
 (Ch2-Criminal Mischief)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**II. THE COURT HEREBY:**

- ☒ adjudges you guilty of \_\_\_\_\_  
☐ withholds adjudication of guilt for \_\_\_\_\_

**III. IT IS ORDERED AND ADJUDGED that, subject to the laws of this State:**

- ☒ you are hereby placed on Probation for a period of 36 months  
 to be supervised by the Department of Corrections. Ch2- 12 months.  
☐ It is hereby adjudged that you be confined to the County Jail/committed to the Department of Corrections for a term of \_\_\_\_\_, with credit for jail time; that after you have served \_\_\_\_\_ of said term, you shall be placed on probation for a period of \_\_\_\_\_ under supervision of the Department of Corrections and its officers, such supervision to be in accordance with the laws of this State. After you are released on probation you shall comply with the following terms and conditions of probation.

It is further ordered that you shall comply with the following conditions of probation:

- (1) Not later than the fifth day of each month, you will make a full and truthful report to your officer on the form provided for that purpose.
- (2) You will pay to the State of Florida the amount of forty dollars (\$ 40.00) per month toward the cost of your supervision, unless otherwise waived in compliance with Florida Statutes.
- (3) You will not change your residence or employment or leave the county of your residence without first procuring the consent of your officer.
- (4) You will not possess, carry or own any firearms. You will not possess, carry, or own any weapons without first procuring the consent of your officer.
- (5) You will live and remain at liberty without violating the law. A conviction in a court of law shall not be necessary in order for such a violation to constitute a violation of your probation.
- (6) You will not associate with any person engaged in any criminal activity.

PAGE TWO

## ORDER OF PROBATION

REF: W. Batista

CASE NO(S):

98-2442

- (7) You will not use intoxicants to excess or possess any drugs or narcotics unless prescribed by a physician. Nor will you visit places where intoxicants, drugs or other dangerous substances are unlawfully sold, dispensed, or used.
- (8) You will work diligently at a lawful occupation, advise your employer of your probation status, and support any dependents to the best of your ability as directed by your officer.
- (9) You will promptly and truthfully answer all inquiries directed to you by the Court or your officer, and allow the officer to visit in your home, at your employment site or elsewhere, and you will comply with all instructions your officer may give you.
- (10) You will pay restitution, costs and/or fees in accordance with the attached orders.
- (11) You will report in person within 72 hours of your release from confinement to the Probation Office in Hillsborough County, Florida, unless otherwise instructed by your officer.

SEE SPECIAL CONDITIONS NEXT PAGE. APPLICABLE ~~NOT APPLICABLE~~

You are hereby placed on notice that the Court may at any time rescind or modify any of the conditions of your probation, or may extend the period of probation as authorized by law, or may discharge you from further supervision or return you to a program of regular probation supervision; and if you violate any of the conditions and sanctions of your probation, you may be arrested and the Court may revoke your probation and impose any sentence which it might have imposed before placing you on probation.

It is further ordered that when you have reported to the Correctional Probation Officer and have been instructed as to the conditions of probation, you shall be release from custody if you are in custody and if you are at liberty on bond, the sureties thereon shall stand discharged from liability.

It is further ordered that the Clerk of this Court file this order in the Clerk's Office and forthwith provide certified copies of same to the Correctional Probation Officer for his use in compliance with the requirements of law.

DONE AND ORDERED IN OPEN COURT, this the 1ST day of July, 1998.

JUDGE

Daniel D. Perry

I acknowledge receipt of a certified copy of this order and that the conditions have been explained to me and I agree to abide by them.

Date: \_\_\_\_\_

Instructed by: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

(Probationer)

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE IN MY OFFICE. WITNESS MY HAND AND OFFICIAL SEAL THIS 20 DAY OF July, 1998



RICHARD AKE, CLERK

Richard Ake



SPECIAL CONDITIONS OF PROBATION/COMMUNITY CONTROL - DIV. A PAGE THREEREF: W. Batista CASE NO(S): 98-2442

- \_\_\_\_(A) You will submit to urinalysis, breathalyzer or blood tests at any time requested by your officer, or the professional staff of any treatment center where you are receiving treatment, to determine possible use of alcohol, drugs, or controlled substances. You shall be required to pay for the tests unless payment is waived by your officer.
- \_\_\_\_(B) You must undergo a mental health evaluation and, if treatment is deemed necessary, you must successfully complete the treatment.
- \_\_\_\_(C) You must undergo a drug/alcohol evaluation within \_\_\_\_\_ days and, if treatment is deemed necessary, you must successfully complete the treatment.
- \_\_\_\_(D) You will participate in self-improvement programs as determined by the court or your officer.
- \_\_\_\_(E) Enter and successfully complete \_\_\_\_\_ Inpatient Treatment Program from the county jail or street.
- \_\_\_\_(F) Must reside at the Tampa Probation and Restitution Center, located at \_\_\_\_\_, Tampa, Florida, for a period of 364 days, unless otherwise successfully discharged by the proper authority. While residing at the Center, you will submit to periodic urinalysis at your own expense for drug screening purposes. Must successfully complete the Tampa PRC Employment Skills Program.
- \_\_\_\_(G) You must reside at and/or participate in the Bradenton Drug Treatment Program located at 2104 63rd Avenue East, Bradenton, Florida for a period of up to 18 months, unless otherwise discharged by the proper authorities.
- \_\_\_\_(H) Community Control II: You will submit to electronic monitoring of your whereabouts as required by the Florida Department of Corrections and will reimburse the State of Florida Electronic Monitoring Trust Fund as Provided by 948.09(2), F.S., at a rate of \$30 per month.
- ✓(I) \$ 200 in Restitution at equal per month. w/in 20 months.
- ✓(J) \$ 411 Court Costs.
- ✓(K) \$ 150 Cost of Prosecution.
- ✓(L) \$ 90 PD fee and App Contribution to the Hillsborough County Drug Fund.
- ✓(M) Complete the following Community Service Hours: Begin w/in 30 days.
- (1) \_\_\_\_\_ With the Community Restitution Program at \_\_\_\_\_ hours per month, at a site to be designated by the supervising officer.
- (2) \_\_\_\_\_ With the Hillsborough Co. Sheriff's Work Program at \_\_\_\_\_ hours per month.
- (3) 50 With any approved Community Service Site at 5 hours per month.

Original: \_\_\_\_\_  
Copies: \_\_\_\_\_MAY TRANSFER TO NEW YORKDC-9900P  
Rev. 6/87

00015



CHARLIE CRIST  
Attorney General  
State of Florida

# FAX TRANSMISSION

OFFICE OF THE ATTORNEY GENERAL

The Capitol

Tallahassee, FL 32399-1050

Reply to:

Office of the Attorney General  
General Civil Litigation  
501 E. Kennedy Blvd., Suite 1100  
Tampa, Florida 33602-5258  
T - (813)233-2880; F - (813)233-2886

**To:** Law Offices of Brogdon & Bunch, LLP  
Attn: Joy S. Bunch  
**Date:** October 20, 2006  
**Fax #:** (516) 292-3858  
**Pages:** 2, including this cover letter.  
**From:** Gerald D. Siebens, Asst. Atty. Gen.  
**Subject:** Batsista v. DOC et. al  
Case No: 05-cv-08444-JES

Ms. Bunch:

As we discussed during our telephone conversation this morning, I have managed to obtain some of the records regarding Mr. Batista's case. Attached please find some the Order of Probation showing the amount of court costs, restitution and other fines/costs owed by Mr. Batista. This document was signed by Mr. Batista on July 1, 1998 thus proving that he had knowledge that he was supposed to pay the funds under the terms of his probation.

Also attached is correspondence from Florida to New York requesting information on Mr. Batista's probation. I will call you on Monday October 23, 2006 to discuss the case further.

**This fax contains privileged and confidential information intended only for the use of the addressee above. If you are not the intended recipient, or the person responsible for transmitting it to the intended recipient, you are hereby notified that any dissemination or copying of this fax is strictly prohibited. If you have received this fax in error, please notify us immediately by telephone and return the original to us at the above address by U.S. mail only. Thank you.**

Officer/Location: Harris / B-ADC# 712717**ORDER OF PROBATION**

STATE OF FLORIDA

-vs- Plaintiff

Wilfredo Botista  
DefendantIn The CIRCUIT Court Of  
HILLSBOROUGH County, FloridaCase No. 98-2442

Div: \_\_\_\_\_

**I/ THE DEFENDANT, having:**

- ☒ entered a plea of guilty to:
- ☐ entered a plea of nolo contendere to:
- ☐ been found guilty by jury verdict of:
- ☐ been found guilty by the court trying the case without a jury of:

1. Robbery 2<sup>nd</sup>

2. Criminal Mischief - 1<sup>st</sup>

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. THE COURT HEREBY:**

- ☒ adjudges you guilty of Same
- ☐ withholds adjudication of guilt for \_\_\_\_\_

**III. IT IS ORDERED AND ADJUDGED that, subject to the laws of this State:**

- \_\_\_\_\_ you are hereby placed on Probation for a period of 91.36 mths 92.12 mths to be supervised by the Department of Corrections.
- \_\_\_\_\_ It is hereby adjudged that you be confined to the County Jail/committed to the Department of Corrections for a term of \_\_\_\_\_, with credit for jail time; that after you have served \_\_\_\_\_ of said term, you shall be placed on probation for a period of \_\_\_\_\_ under supervision of the Department of Corrections and its officers, such supervision to be in accordance with the laws of this State. After you are released on probation you shall comply with the following terms and conditions of probation:

It is further ordered that you shall comply with the following conditions of probation:

- (1) Not later than the fifth day of each month, you will make a full and truthful report to your officer on the form provided for that purpose.
- (2) You will pay to the State of Florida the amount of \_\_\_\_\_ dollars (\$\_\_\_\_\_) per month toward the cost of your supervision, unless otherwise waived in compliance with Florida Statutes.
- (3) You will not change your residence or employment or leave the county of your residence without first procuring the consent of your officer.
- (4) You will not possess, carry or own any firearms. You will not possess, carry, or own any weapons without first procuring the consent of your officer.
- (5) You will live and remain at liberty without violating the law. A conviction in a court of law shall not be necessary in order for such a violation to constitute a violation of your probation.
- (6) You will not associate with any person engaged in any criminal activity.

## ORDER OF PROBATION

PAGE TWO

REF: \_\_\_\_\_

CASE NO(S): \_\_\_\_\_

- (7) You will not use intoxicants to excess or possess any drugs or narcotics unless prescribed by a physician. Nor will you visit places where intoxicants, drugs or other dangerous substances are unlawfully sold, dispensed, or used.
- (8) You will work diligently at a lawful occupation, advise your employer of your probation status, and support any dependents to the best of your ability as directed by your officer.
- (9) You will promptly and truthfully answer all inquiries directed to you by the Court or your officer, and allow the officer to visit in your home, at your employment site or elsewhere, and you will comply with all instructions your officer may give you.
- (10) You will pay restitution, costs and/or fees in accordance with the attached orders.
- (11) You will report in person within 72 hours of your release from confinement to the Probation Office in Hillsborough County, Florida, unless otherwise instructed by your officer.

SEE SPECIAL CONDITIONS NEXT PAGE. APPLICABLE NOT APPLICABLE

You are hereby placed on notice that the Court may at any time rescind or modify any of the conditions of your probation, or may extend the period of probation as authorized by law, or may discharge you from further supervision or return you to a program of regular probation supervision; and if you violate any of the conditions and sanctions of your probation, you may be arrested and the Court may revoke your probation and impose any sentence which it might have imposed before placing you on probation.

It is further ordered that when you have reported to the Correctional Probation Officer and have been instructed as to the conditions of probation, you shall be released from custody if you are in custody and if you are at liberty on bond, the sureties thereon shall stand discharged from liability.

It is further ordered that the Clerk of this Court file this order in the Clerk's Office and forthwith provide certified copies of same to the Correctional Probation Officer for his use in compliance with the requirements of law.

DONE AND ORDERED IN OPEN COURT, this the \_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
JUDGE

I acknowledge receipt of a certified copy of this order and that the conditions have been explained to me and I agree to abide by them.

Date: 7-1-98Instructed by: Rick M. Havel  
(Probation Officer)



SPECIAL CONDITIONS OF PROBATION - DIV. \_\_\_\_\_

PAGE THREE

REF: \_\_\_\_\_

CASE NO(S): \_\_\_\_\_

- \_\_\_\_ (A) You will submit to urinalysis, breathalyzer or blood tests at any time requested by your officer, or the professional staff of any treatment center where you are receiving treatment, to determine possible use of alcohol, drugs, or controlled substances. You shall be required to pay for the tests unless payment is waived by your officer.
- \_\_\_\_ (B) You must undergo a mental health evaluation, and if treatment is deemed necessary, you must successfully complete the treatment.
- \_\_\_\_ (C) You must undergo a drug/alcohol evaluation within \_\_\_\_\_ days, and if treatment is deemed necessary, you must successfully complete the treatment.
- \_\_\_\_ (D) You will participate in self-improvement programs as determined by the court or your officer.
- \_\_\_\_ (E) Enter and successfully complete \_\_\_\_\_ Inpatient Treatment Program from county jail or street.
- \_\_\_\_ (F) Must reside at the Tampa Probation and Restitution Center, located at 1613 E. 9th Avenue, Tampa, Florida, for a period of 364 days, unless otherwise successfully discharged by the proper authority. While residing at the Center, you will submit to periodic urinalysis at your own expense for drug screening purposes. Must successfully complete the Tampa PRC Employment Skills Program.
- \_\_\_\_ (G) You must reside at and/or participate in the Bradenton Drug Treatment Program located at 2104 63rd Avenue East, Bradenton, Florida for a period of up to 18 months unless otherwise discharged by the proper authorities.
- \_\_\_\_ (H) Community Control II: You will submit to electronic monitoring of your whereabouts as required by the Florida Department of Corrections and will reimburse the State of Florida Electronic Monitoring Trust Fund as provided by 948.09(2), F.S., at a rate of \$30 per month.
- ✓ (I) \$ 300 in Restitution at \_\_\_\_\_ per month.
- ✓ (J) \$ 256 Court Costs.
- ✓ (K) \$ 150 Court Improvement Fund.
- ✓ (L) \$ 150 Cost of Prosecution.
- ✓ (M) \$ 50 ~~Contribution to the Hillsborough County Drug Fund~~ <sup>AAOF</sup>
- \_\_\_\_ (N) Complete the following Community Service Hours: 50
  - (1) \_\_\_\_\_ With the Community Restitution Program at \_\_\_\_\_ hours per month, at a site to be designated by the supervising officer.
  - (2) \_\_\_\_\_ With the Hillsborough Co. Sheriff's Work Program at \_\_\_\_\_ hours per month.
  - (3) ✓ With any approved Community Service Site at 5 hours per month.

SPECIAL CONDITIONS OF PROBATION CONTINUED

PAGE FOUR

REF: \_\_\_\_\_

CASE NO(S): \_\_\_\_\_

- \_\_\_\_ (O) Obtain high school diploma or its equivalency.
- \_\_\_\_ (P) No contact with child under \_\_\_\_ years old.
- \_\_\_\_ (Q) No contact with victim or victims family.
- \_\_\_\_ (R) Specified residence in Hillsborough County Jail for \_\_\_\_ days.
- ( ) S *May Transfer to New York*

( ) —

( ) —

( ) —

( ) —

( ) —

( ) —

( ) —

( ) —

( ) —

( ) —

( ) —

( ) —

( ) —

NEW YORK CITY  
DEPARTMENT OF PROBATION  
COMMUNITY SERVICE PROGRAM  
115 Leonard Street, Room 4A  
New York, NY 10013  
(212) 442 - 4490 tel  
(212) 442 - 4495 fax



To: Jacqueline Gilchrist, Supv. P.O.

Submitted By: CSU, Officer Denise Mabry

Approved By: CSU, S.P.O./B.C. \_\_\_\_\_

Re: Completion of Community Service  
Case Name Wilfredo Batista  
Dkt./Ind. # NC980/585

Please be advised that Wilfredo Batista has successfully completed the 50/307 hours of community service work that was mandated by the court as a special condition of his/her probation.

He/She was assigned to: Lincoln Medical & Mental Health Center and his/her service was considered Satisfactory.

If any additional information is required, please contact Branch Chief, Dedra Grant-Wade, at (212) 442 - 4491.

THE CITY OF NEW YORK  
DEPARTMENT OF PROBATION  
198 East 161st Street  
Brooklyn, NY 10451



NOTICE OF DISCHARGE FROM PROBATION SUPERVISION  
AVISO DE TERMINACION DE LA PROBATORIA

To: Wilfredo Batista

780 Grand Concourse Apt #6D

Brooklyn, NY 10451

Date: 7-5-01

Case No. NC901585

Dear: Wilfredo Batista

This is to inform you that you were discharged from Probation on 7-5-01 for the following reasons:

☒ Maximum Expiration of your sentence. 6-30-01  
☐ Early Discharge granted by the Court.

IT IS NO LONGER NECESSARY FOR YOU TO REPORT TO PROBATION.

This is the only notice you will receive. Keep it for your records.

Best wishes for you future!

Por este medio se le informa que su probatoria terminó en \_\_\_\_\_, por el motivo siguiente:

☒ Se cumplió el tiempo máximo de su sentencia.  
☐ La corte le cerró el caso temprano.

YA NO TIENE QUE VOLVER MAS AL DEPARTAMENTO DE PROBATORIA DEPARTAMENTO DE PROBATORIA

Este es el único aviso que va a recibir. Consérvelo. Este es el único aviso que va a recibir. Consérvelo.

¡Buena suerte!

¡Buena suerte!

J. Gilchrist

Name

Name

Signature

Signature

Title





# LINCOLN

LINCOLN MEDICAL AND MENTAL HEALTH CENTER  
234 EUGENIO MARIA DE HOSTOS BLVD. (149TH STREET)  
THE BRONX, NEW YORK 10451 • 718-579-5000

7/25/00  
Date

To Whom It May Concern:

Wilfredo Batista enrolled our Volunteer  
Program on 3/24/99 to the present.

He/She works as a SPU-Sterilization Process Unit:

He/She has given a total of 307 hours of service.

His/Her services are greatly appreciated.

Sincerely yours,

Sr Mary R Caulfield  
Sr. Mary R. Caulfield  
Director of Volunteers

MRC/me



# *Certificate of Absorption*

*This certificate is awarded to*

*WILLIAM BATEA*

*In recognition of the successful completion of the*

## **Nova Ancora Pre-Employment Project**

*The skills, behaviors, and attitudes  
learned will stimulate your  
personal growth, future education,  
and productive employment.*

*Dea L. Cate*  
Signature of Evaluator

*October 28, 1999*  
Date

Department of Probation, City of New York  
Division of Employment and Special Programs

CASE # 98-02442

IN THE CIRCUIT COURT OF HILLSBOROUGH COUNTY

STATE OF FLORIDA

Violation of Probation  
**WARRANT**

ORDER TO TAKE INTO CUSTODY

STATE OF FLORIDA  
VS.

WILFREDO BATISTA

NO PHOTO AVAILABLE

Upon apprehension please notify:

KRISTEN SELTZER, CPO  
4510 Oak Fair Boulevard, Ste. 250  
Tampa, FL 33610  
(813) 744-6313

THIS WARRANT WAS RECEIVED BY THIS  
DEPARTMENT AT \_\_\_\_\_  
COUNTY, FLORIDA ON THE \_\_\_\_ DAY OF \_\_\_\_  
\_\_\_\_\_, A.D. 20\_\_\_\_, AND EXECUTED IN \_\_\_\_  
\_\_\_\_\_, COUNTY, FLORIDA ON  
THE \_\_\_\_ DAY OF \_\_\_\_  
\_\_\_\_\_, A.D. 20\_\_\_\_, BY  
ARRESTING THE WITHIN NAMED

ARRESTING OFFICER

DEPARTMENT

DATE AND TIME OF SERVICE

PLACE OF SERVICE

IDENTIFYING DATA

AKA: None known  
RACE White SEX Male DOB 7/6/77  
SMT Tattoo of "Tribal" on upper right arm  
HGT 5'11" WGT 250  
EYES Brown HAIR Black  
SS# 092-64-7506  
DL# Unknown

CURRENT LOCATION/LAST KNOWN  
ADDRESS: The subject is an absconder and the last  
known address is 644 W. 173rd Street, Apt. C3, New  
York, NY 10032

REMARKS/EXTRADITION INFORMATION  
Please extradite as subject is on supervision for  
robbery.



STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS

Docket # 98-02442

DC# T12717

Judge/Division: Perry / "A"

## WARRANT

In the Name of the State of Florida, to All and Singular the Sheriffs of the State of Florida:

WHEREAS, KRISTIN SELTZER has made oath that on the 1st day of July, A.D. 1998 one WILFREDO BATISTA, hereinafter referred to as the aforesaid, was placed on Probation for the offense of Ct. 1 - Robbery, Ct. 2 - Criminal Mischief in the Circuit Court of Hillsborough County, for a term of Ct. 1 - thirty-six (36) months, Ct. 2 - twelve (12) months, each count concurrent in accordance with the provisions of Chapter 948, Florida Statutes, and that the aforesaid has not properly conducted himself, but has violated the conditions of his Probation in a material respect by

Violation of Condition (2) to-wit: In that, the aforesaid was court ordered to pay cost of supervision in the amount of \$40.00 per month until the aforesaid's supervision was accepted by the State of New York. The aforesaid owed a total of \$40.00 towards this court ordered monetary obligation and still has a remaining balance of \$40.00 as of 5/23/01.

Violation of Condition (3) to-wit: In that, the aforesaid's supervision was accepted for transfer by the State of New York on 10/14/98. This officer attempted to locate the aforesaid on 6/17/99 by directly contacting the State of New York and via Interstate Compact on 9/29/99 and again on 3/19/01 with a request for a progress report. This officer was not able to locate the aforesaid after any of these attempts and was told by the State of New York that they were unaware of the aforesaid's whereabouts. The aforesaid's whereabouts are unknown and he is to be considered an absconder by the Department of Corrections.

(continued on page 2)

THESE ARE, THEREFORE, to command you to arrest instantly the aforesaid WILFREDO BATISTA and bring him before me to be dealt with according to law.

Given under my hand and seal this

day of

A.D. 2001

DC Recommends: ☐ Bond ☒ No Bond ☐ ROR

## COURT ORDERS

ROR ☐No Bond ☒Set Bond ☐

Judge's Initials

DANIEL L. PERRY

Judge Circuit Court

In and for Hillsborough County

FILED

JUN 08 2001

RICHARD AKE CLERK

000192

ljp - 5/24/01

DC3-219 (Revised 9-00)

Distribution: Original: --Sheriff's Office

Copy: --Court File

Copy: --Offender File



Warrant  
Page 2  
Wilfredo Batista  
Dkt. No. 98-02442  
DC No. T12717

(continued from page 1)

Violation of Condition (10) to-wit: In that, the aforesaid was court ordered to pay a total of \$656.00 in court costs. As of 5/23/01, the aforesaid has not made any attempt to pay this monetary obligation and is in arrears the total balance of \$656.00.

Violation of Special Condition (I) to-wit: In that, the aforesaid was court ordered to pay restitution in the amount of \$200.00. As of 5/23/01, the aforesaid has made no attempt to pay any money towards this court ordered monetary obligation and owes the remaining total balance of \$200.00.

Violation of Special Condition (M) to-wit: In that, the aforesaid was court ordered to complete 50 community service hours at a rate of 5 hours per month at any approved community service site. The aforesaid has failed to complete any of the court ordered community service hours or submit any paperwork verifying otherwise and currently owes the remaining balance of 50 community service hours as of 5/23/01.

STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS

Docket # 98-02442

DC# T12818

Judge/Division: Perry / "A"

AFFIDAVIT  
VIOLATION OF PROBATION

I KRISTIN SELTZER declare that WILFREDO BATISTA, hereinafter referred to as the aforesaid, was on the 1st day of July, A.D. 1998 placed on **Probation** for the offense of Ct. 1 - Robbery, Ct. 2 - Criminal Mischief in the Circuit Court of Hillsborough County, for a term of Ct. 1 - thirty-six (36) months, Ct. 2 - twelve (12) months, each count concurrent in accordance with the provisions of Chapter 948, Florida Statutes.

Affiant further states that the aforesaid has not properly conducted himself, but has violated the conditions of his probation in a material respect by

Violation of Condition (2) to-wit: In that, the aforesaid was court ordered to pay cost of supervision in the amount of \$40.00 per month until the aforesaid's supervision was accepted by the State of New York. The aforesaid owed a total of \$40.00 towards this court ordered monetary obligation and still has a remaining balance of \$40.00 as of 5/23/01,

Violation of Condition (3) to-wit: In that, the aforesaid's supervision was accepted for transfer by the State of New York on 10/14/98. This officer attempted to locate the aforesaid on 6/17/99 by directly contacting the State of New York and via Interstate Compact on 9/29/99 and again on 3/19/01 with a request for a progress report. This officer was not able to locate the aforesaid after any of these attempts and was told by the State of New York that they were unaware of the aforesaid's whereabouts. The aforesaid's whereabouts are unknown and he is to be considered an absconder by the Department of Corrections.

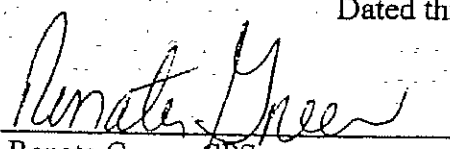
(Continued on page 2)

Under penalties of perjury, I declare that I have read the foregoing affidavit and the facts stated in it are true.

**FILED**

JUN 08 2001

RICHARD AKE, CLERK

KRISTIN SELTZER, CPO  
Probation OfficerDated this 29 day of May, 2001Approved by Supervisor: 

Renata Green, CPS

Date: 5/29/01(813) 744-6313 / Seltzer.Kristen@mail.dc.state.fl.us  
Officer Telephone / E-Mail Address

KS/ljp - 5/24/01

DC3-216A (Revised 11-00)

Distribution: Original: Court  
Conv: Offender File

## AFFIDAVIT OF VIOLATION OF PROBATION

Page 2

Wilfredo Batista

Dkt. No. 98-02442

DC No. T12717

(Continued from Page 1)

Violation of Condition (10) to-wit: In that, the aforesaid was court ordered to pay a total of \$656.00 in court costs. As of 5/23/01, the aforesaid has not made any attempt to pay this monetary obligation and is in arrears the total balance of \$656.00.

Violation of Special Condition (I) to-wit: In that, the aforesaid was court ordered to pay restitution in the amount of \$200.00. As of 5/23/01, the aforesaid has made no attempt to pay any money towards this court ordered monetary obligation and owes the remaining total balance of \$200.00.

Violation of Special Condition (M) to-wit: In that, the aforesaid was court ordered to complete 50 community service hours at a rate of 5 hours per month at any approved community service site. The aforesaid has failed to complete any of the court ordered community service hours or submit any paperwork verifying otherwise and currently owes the remaining balance of 50 community service hours as of 5/23/01.



FLORIDA  
DEPARTMENT of  
CORRECTIONS

Governor  
JEB BUSH

Secretary  
MICHAEL W. MOORE

An Affirmative Action/Equal Opportunity Employer

2601 Blair Stone Road • Tallahassee, FL 32399-2500

<http://www.dc.state.fl.us>

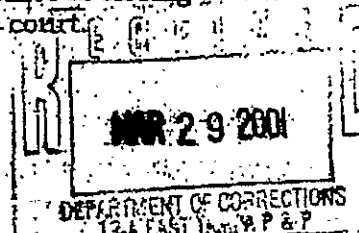
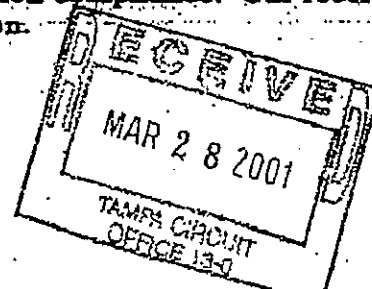
TO: New York Probation Date: March 19, 2001  
Re: BATISTA, Wilfredo Florida No: T12717  
State & County: New York/Manhattan Other State No: NC9801585

- ☒ 1. Please use above identifying information in future correspondence.
- ☐ 2. Transfer material has not been received. Please expedite.
- ☐ 3. Transfer packet is incomplete. Please provide and resubmit.
- ☐ 4. Investigate for supervision transfer. Case material attached.
- ☒ 5. Request for: ☐ Records Check ☒ Progress Report ☐ Early termination ☐ Transfer Status
- ☐ 6. Notice of Arrival/Return ☐ attached ☐ submit.
- ☐ 7. Please have offender sign the attached and return copies to this office.
- ☐ 8. The attached is for your information. ☐ Assist as requested by the attached.
- ☐ 9. Refer to correspondence of \_\_\_\_\_. ☐ Respond by \_\_\_\_\_.
- ☐ 10. Supervision accepted effective \_\_\_\_\_. ☐ Forward case file to this office after audit is completed.
- ☐ 11. Supervision rejected effective \_\_\_\_\_. ☐ Instruct offender to return.
- ☐ 12. Violation report attached. ☐ Please advise of your Board/Court's decision.  
☐ Warrant requested. Enter warrant in NCIC.
- ☐ 13. Interest closed by \_\_\_\_\_ as offender has relocated to a third state. Please initiate new transfer immediately or advise of other action taken.
- ☐ 14. Florida will close interest in \_\_\_\_\_ days unless otherwise notified.
- ☐ 15. Violation report, warrant request and supervision order is attached for processing. Please forward appropriate copies of your Court's decision to this office.
- ☐ 16. Pre-Termination Review indicates offender is in violation of condition(s) \_\_\_\_\_. This office is closing interest and forwarding all materials to your office for immediate action with the court.
- ☐ 17. For your information, you may close interest effective \_\_\_\_\_.
- ☐ 18. Unable to identify. Please clarify.
- ☐ 19. We have closed interest effective \_\_\_\_\_.

REMARKS: Please provide a current progress report. Note that the offender's probation is scheduled to terminate on June 30, 2001. Please advise the status of special condition compliance. Our records reflect that the offender has paid no amount toward monetary obligation.

Robert M. Porter  
Chief, Interstate Compacts

BY: John R. Day





06/25/2004 12:22 8137446323

EAST TAMPA

PAGE 02



FLORIDA  
DEPARTMENT of  
CORRECTIONS

Governor  
JEB BUSH

Secretary  
JAMES V. CROSBY, JR.

*An Equal Opportunity Employer*

2601 Blair Stone Road • Tallahassee, FL 32399-2500

<http://www.dc.state.fl.us>

June 25, 2004

Honorable Daniel L. Perry  
13<sup>th</sup> Judicial Circuit Court, Div. "A"  
800 E. Kennedy Boulevard  
Tampa, FL 33602

RE: Wilfredo Batista  
DC #T12717  
Dkt. No. 98-02442

2004 JUN 25 PM 1:53  
JAMES V. CROSBY, JR.  
SECRETARY

Your Honor,

Regarding the above referenced probationer, he was arrested in New York on a Florida probation violation warrant on 6-17-04 and as of this date is still incarcerated in New York State. The subject was placed on probation in Florida in 1998 and was transferred to New York State and accepted for supervision there shortly after. This officer completed a VOP and warrant prior to the subject's term date in 2001 as the subject did not pay his monetary obligations and his whereabouts were unknown at the time.

It has been brought to my attention since the subject's arrest that New York closed interest in the case (without notifying Florida) and told the subject that he had successfully completed probation back in 2001. Now the subject is in jail on the Florida warrant and the situation has changed.

Please direct any inquiry or response to the address and telephone number below

Tampa East Probation and Parole  
4510 Oak Fair Boulevard • Tampa, Florida 33610 • (813) 744-6313 • Fax (813) 744-6323

06/25/2004 12:22 8137446323

EAST TAMPA

PAGE 03

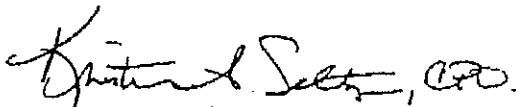
Wilfredo Batista  
Page 2

Dkt. No. 98-02442  
DC No. T12717

This officer has received documentation from New York that the subject's community service hours were completed as ordered, he reported as instructed and all monetary obligations to Florida have since been paid. The subject has now complied with all of the conditions of his probation and the violation is no longer applicable. This officer would ask that the warrant be rescinded and the subject be released if Your Honor has no objection. I have included the proper paperwork for your review and approval.

Thank you for your time and consideration in this matter,

Sincerely,



Kristin A. Seltzer, CPO

Please direct any inquiry or response to the address and telephone number below

Tampa East Probation and Parole  
4510 Oak Fair Boulevard • Tampa, Florida 33610 • (813) 744-6313 • Fax (813) 744-6323

Officer Kristin Saltzer, CPO  
 Office Location 13-A Tampa East  
 Judge/Division Perry / "A"

STATE OF FLORIDA

VS

WILFREDO BATISTA

Defendant

IN THE CIRCUIT COURT

HILLSBOROUGH COUNTY, FLORIDADC No. TJ2717Docket/UC No. 98-02442**ORDER DISMISSING WARRANT**

In the Name of the State of Florida, to All and Singular the Sheriffs and Peace Officers of the State of Florida:

WHEREAS, a warrant was issued by this court on 7<sup>th</sup> day of June, 2001 for the arrest of defendant, Wilfredo Batista, upon a charge of violation of Probation; and

WHEREAS, it has been demonstrated that the Probation should not be revoked, it is

ORDERED that the warrant is dismissed and set aside. The defendant shall be released from custody if confined, relieved of all sureties and restored to supervision under the original order of the court, or discharged from supervision if jurisdiction has been lost.

It is further ORDERED that the clerk of this court file this order in the official records and provide certified copies to the officer for use in compliance with the requirements of law.

WITNESSED BY THE CLERK OF THE COURT

David L. Perry  
 Circuit Court Judge

STATE OF FLORIDA  
 COUNTY OF HILLSBOROUGH

THIS IS TO CERTIFY THAT THE FOREDOING IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE IN MY OFFICE. WITNESS MY HAND AND OFFICIAL SEAL THIS 03 DAY OF 2004

RICHARD A. CLARK

BY [Signature] D.C.



DC3-271 (Revised 5-02)

Original: Clerk of Court  
 Copy: Sheriff's Office  
 Copy: DC Offender File

IIIII	IIIII	IIIII	RRRRR	AAAA	PPPPP
I	I	I	R	A	P
I	I	I	RRRRR	AAAAAA	PPPP
I	I	I	R	A	P
IIIII	IIIII	IIIII	R	A	P

DATE 06-18-04

TIME 0439

FAX NO. MO41605

CONFIDENTIAL TO:

NYCPD HDQ

1 POLICE PLAZA

AGENCY ID NO NONE

NEW YORK

NY

10038-1403

TRAN NO 56559Y

PAGE 1

DOB 07-06-77

RAC WHITE

SEX MALE

HGT 5-11

SOC 092-64-7506

[013001N ]

! NAME BATISTA, WILFREDO

! NYSID 7514159N !

THE FOLLOWING III DATA WAS RETURNED BY NCIC AND/OR III STATES FOR  
NYSID # 7514159N.

THE FOLLOWING MESSAGE IS A III RESPONSE FROM THE STATE OF FL.

IF THIS RESPONSE APPEARS TO BE INCOMPLETE, PLEASE CONTACT THE STATE IN QUESTION  
FOR MORE COMPLETE INFORMATION.

ATN/III-SID7514159N/CASE- NONE

SID NUMBER: 4654190 PURPOSE CODE: C PAGE: 1

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME,  
A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR FUTURE USE

## - FLORIDA CRIMINAL HISTORY -

NAME	STATE ID NO.	FBI NO.	DATE REQUESTED
BATISTA, WILFREDO	FL-04654190	454144HB5	06/17/2004

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR	BIRTH PLACE	SKIN	DOC NO.
		SID NUMBER: 4654190		PURPOSE CODE: C			PAGE: 2		

M W 07/06/1977 5'11" 235 BRO BLK NY

FINGERPRINT CLASS SOCIAL SECURITY NO. MISCELLANEOUS NO. SCR/MRK/TAT

16 63 15 PI 07 092-64-7508

14 CJ 16 16 10

AFIS - 2



ARREST- 1 02/12/1998 OBIS NO. 0011025030  
 ARREST AGENCY-HILLSPROUCH COUNTY SHERIFF'S OFFICE  
 CHARGE 001-DAMAGE PROP-CRIM MISCH-  
 DISP-  
 CHARGE 002-ROBBERY-  
 (CONT. NEXT PAGE)

STRONG ARM  
 STATUTE/ORDINANCE-  
 SID NUMBER: 4654190 PURPOSE CODE:C LEVEL-FELONY  
 PAGE: 4

DISP-  
 JUDICIAL-  
 AGENCY-13TH JUDICIAL CIRCUIT COURT- TAMPA (FL029015J)  
 CHARGE 001 -COURT SEQ COURT NO.-291998CF0024420001TA  
 SUPPLEMENTAL ARREST DATA-  
 STATUS-  
 PROSC DATA- LEVEL-MISDEMEANOR,1ST DEG  
 DAMAGE PROP-CRIM MISCH-  
 CRIMINAL MISCHIEF  
 STATUTE/ORDINANCE-FL806.13(1B2) LEVEL-MISDEMEANOR,1ST DEG  
 SID NUMBER: 4654190 PURPOSE CODE:C PAGE: 5

STATUTE DESCRIPTN-OVER 200 DOLS UNDER 1000 DOLS  
 DISP DATE-06/12/1998 DISP-N/A  
 COURT DATA-DAMAGE PROP-CRIM MISCH-  
 CRIMINAL MISCHIEF  
 STATUTE/ORDINANCE-FL806.13(1B2) LEVEL-MISDEMEANOR,1ST DEG  
 STATUTE DESCRIPTN-OVER 200 DOLS UNDER 1000 DOLS  
 DISP DATE-07/01/1998 DISP-GUILTY/CONVICTED  
 COUNSEL-OTHER TRIAL-NONE PLEA-GUILTY  
 SENT DATE-07/01/1998  
 SID NUMBER: 4654190 PURPOSE CODE:C PAGE: 6

PROBATION- 1Y  
 SPECIAL SENTENCE PROVISIONS-NOT APPLICABLE

CHARGE 002 -COURT SEQ COURT NO.-291998CF0024420001TA  
 SUPPLEMENTAL ARREST DATA-  
 STATUS-  
 PROSC DATA- LEVEL-FELONY ,2ND DEG  
 ROBBERY-  
 ROBBERY-  
 STATUTE/ORDINANCE-FL812.13(12C) LEVEL-FELONY ,2ND DEG  
 SID NUMBER: 4654190 PURPOSE CODE:C PAGE: 7

DISP DATE-06/12/1998 DISP-N/A  
 COURT DATA-ROBBERY-  
 ROBBERY  
 STATUTE/ORDINANCE-  
 DISP DATE-07/01/1998 LEVEL-FELONY ,2ND DEG  
 COUNSEL-OTHER TRIAL-NONE DISP-GUILTY/CONVICTED  
 SENT DATE-07/01/1998 PLEA-GUILTY  
 PROBATION- 3Y  
 DR LIC SUSP-N/A RESTITUTION- \$2000

CRT PROVISIONS-ABIDE BY COURT RESTRICTIONS  
COMMUNITY SERVICE  
SPECIAL SENTENCE PROVISIONS-NOT APPLICABLE

THIS RECORD CONTAINS FLORIDA INFORMATION ONLY. WHEN EXPLANATION OF A CHARGE OR  
DISPOSITION IS NEEDED, COMMUNICATE DIRECTLY WITH THE AGENCY THAT CONTRIBUTED  
THE RECORD INFORMATION. THIS RECORD MAY ONLY BE USED FOR CRIMINAL JUSTICE  
(CONT. NEXT PAGE)

SID NUMBER: 4654190 PURPOSE CODE:C PAGE: 9

PURPOSES AS DEFINED BY THE CODE OF FEDERAL REGULATIONS.  
THIS IS A MULTI-STATE OFFENDER RECORD.  
END OF RECORD

---

IN THE MATTER OF THE CLAIM OF  
WILFREDO BATISTA & ANNA SANCHEZ,

Claimant,

-against-

THE COUNTY OF NEW YORK,  
NEW YORK CITY DEPARTMENT OF CORRECTIONS, NEW YORK  
CITY DEPARTMENT OF PROBATION,  
NEW YORK CITY POLICE DEPARTMENT, 33<sup>rd</sup> Precinct,  
THE COUNTY OF HILLSBOROUGH, FLORIDA,  
HILLSBOROUGH COUNTY SHERIFF'S OFFICE,  
HILLSBOROUGH COUNTY DEPARTMENT OF CORRECTIONS,  
HILLSBOROUGH COUNTY DEPARTMENT OF PROBATION,

Respondents.

---

TO: THE COUNTY OF NEW YORK,  
NEW YORK CITY DEPARTMENT OF CORRECTIONS,  
NEW YORK CITY DEPARTMENT OF PROBATION,  
NEW YORK CITY POLICE DEPARTMENT, 33<sup>rd</sup> Precinct,  
THE COUNTY OF HILLSBOROUGH, FLORIDA,  
HILLSBOROUGH COUNTY SHERIFF'S OFFICE,  
HILLSBOROUGH COUNTY DEPARTMENT OF CORRECTIONS,  
HILLSBOROUGH COUNTY DEPARTMENT OF PROBATION,

SIRS:

PLEASE TAKE NOTICE, that the claimants herein, makes claims and demands against:  
THE COUNTY OF NEW YORK, NEW YORK CITY DEPARTMENT OF CORRECTIONS,  
NEW YORK CITY DEPARTMENT OF PROBATION, NEW YORK CITY POLICE DEPARTMENT,  
33<sup>rd</sup> Precinct, THE COUNTY OF HILLSBOROUGH, FLORIDA, HILLSBOROUGH COUNTY  
SHERIFF'S OFFICE, HILLSBOROUGH COUNTY DEPARTMENT OF CORRECTIONS,  
HILLSBOROUGH COUNTY DEPARTMENT OF PROBATION, named herein.

1. *The name and post office address of the claimant is:*

Claimant

Wilfredo Batista	Anna Sanchez
615 Walburton Avenue, Apt. 3H	615 Walburton Avenue, Apt. 3H
Yonkers, NY 10701	Yonkers, NY 10701

Attorney(s) for Claimant

Joy S. Bunch  
Law Offices of Brogdon & Bunch, LLP  
136-18 241<sup>st</sup> Street, 2<sup>nd</sup> Floor  
Rosedale, NY 11422

2. *The nature of the claim:*

Deprivation of rights under the Constitution of the United States, the Constitution of the State of New York and the Constitution of the State of Florida, including false arrest, false imprisonment, abuse of authority, intentional infliction of emotional distress, negligent infliction of emotional distress, public humiliation,

violation of the Civil Rights of Wilfredo Batista, and infliction of serious emotional harm, caused by the negligent, reckless and carelessness of the respondents as named above, and its agents and employees. Claimant was illegally and unlawfully harassed, arrested, seized, imprisoned, and mentally injured. Claimant was made to suffer inhuman treatment, was deprived of his constitutional and civil rights, all without basis or reason. The named respondents herein conspired and agreed to violate claimant Wilfredo Batista's rights and were negligent in heeding the instructions and notice provided to them. Claimant Anna Sanchez was made to suffer by way of loss of consortium, companionship and finances.

3. *The time when, the place where and the manner in which the claim arose:*

Claimant Wilfredo Batista, after pleading guilty to several crimes, was sentenced to three years probation on July 1, 1998. The sentence of probation was transferred from the Hillsborough County Department of Probation to the New York City Department of Probation for completion. Claimant successfully completed probation supervision through the Department of Probation of the City of New York and was discharged on July 5, 2001. On or about June 17, 2004, at approximately 12:00 noon, the claimant Wilfredo Batista, turned himself in at the 33<sup>rd</sup> police precinct in the County of New York, upon learning from his mother approximately one day earlier that a warrant had been issued for his arrest, and detectives from said precinct were searching for him. At that time, Claimant was placed under arrest based on a fugitive warrant dated June 8, 2001, signed by a judicial officer in the State of Florida. The basis of the Fugitive Warrant was a Violation of the sentence of Probation that had been transferred and completed through the New York City Department of Probation. Claimant was held in jail for a period of nine days, during which time he was absent from his family and place of employment, while "paper work" was sorted out by respondents, with the persuasion of claimant's counsel.

4. *The items of damage or injuries claimed are:*

Claimant Wilfredo Batista sustained severe emotional distress, unnecessary and unwanted pain and suffering, violation of civil rights, extreme mental and emotional harm and stress, and other injuries not yet fully ascertained. Claimant Anna Sanchez suffered loss of consortium and companionship.

That said claim and demand is hereby presented for adjustment and payment.

5. That by reason of the foregoing, claimant has been injured in an amount that exceeds One Million (\$1,000,000.00) Dollars.

**PLEASE TAKE FURTHER NOTICE**, that by reason of the foregoing, in default of the parties above claimed against to pay to claimant an amount acceptable to them within the time limited for compliance with this demand by the said parties claimed against by the statutes in such cases made and provided. Claimant intends to commence an action against THE COUNTY OF NEW YORK, NEW YORK CITY DEPARTMENT OF CORRECTIONS, NEW YORK CITY DEPARTMENT OF PROBATION, NEW YORK CITY POLICE DEPARTMENT, 33<sup>rd</sup> Precinct, THE COUNTY OF HILLSBOROUGH, FLORIDA, HILLSBOROUGH COUNTY SHERIFF'S OFFICE, HILLSBOROUGH COUNTY DEPARTMENT OF CORRECTIONS, HILLSBOROUGH COUNTY DEPARTMENT OF PROBATION and other parties to recover a certain sum with interest and costs.

Dated: Rosedale, New York  
August 3, 2004

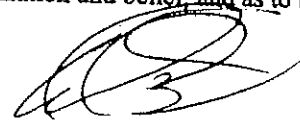


JOY S. BUNCH  
LAW OFFICES OF BROGDON & BUNCH, LLP  
136-18 241<sup>st</sup> Street, FL 2  
Rosedale, NY 11422  
(646) 256-7736



**VERIFICATION**

I, Wilfredo Batista, being duly sworn, depose and says that I am the claimant in the within action; I have read the foregoing Notice of Claim and know the contents thereof; the same is true to my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters, I believe them to be true.



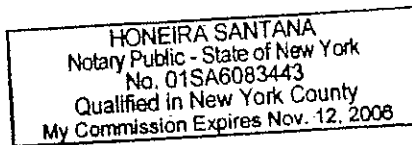
WILFREDO BATISTA

Sworn to before me this  
8 day of August, 2004

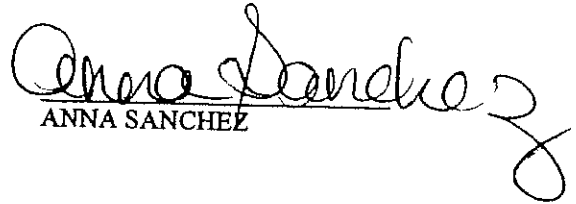


NOTARY PUBLIC

8/8/04

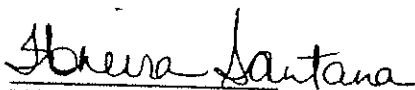


I, Anna Sanchez, being duly sworn, depose and says that I am the claimant in the within action; I have read the foregoing Notice of Claim and know the contents thereof; the same is true to my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters, I believe them to be true.



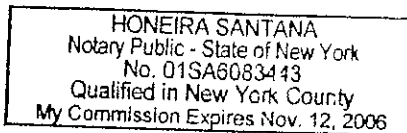
ANNA SANCHEZ

Sworn to before me this  
8 day of August, 2004



NOTARY PUBLIC

8/8/04





THE CITY OF NEW YORK OFFICE OF THE COMPTROLLER  
1 CENTRE STREET, NEW YORK, N.Y. 10007-2341

WILLIAM C. THOMPSON, JR.  
COMPTROLLER

015-151

Date: 9/22/2004

RE: Acknowledgment - Tort  
WILFREDO BATISTA

Claim number: 2004PI020068

WILFREDO BATISTA c/o BROGDON & BUNCH  
136-18 241 STREET- 2ND FL  
ROSEDALE, NY 11422

Receipt is hereby acknowledged of your claim. Please refer to the above claim number on any correspondence or inquiry you may have with this office.

Your claim is currently under investigation. Please be aware of the fact that we receive thousands of claims each year. Once we have completed our investigation, we may be in a position to make a settlement offer. It is also possible, however, that we will not. If we are unable for any reason to settle or resolve your claim and you wish to pursue your claim, you may bring a lawsuit against the City, if it is **started within one year ninety days from the date of the occurrence.**

Please note that property damage claims can take several months to investigate because, as part of our investigation, we must obtain necessary reports. We would appreciate it if you take this into account before calling us regarding the status of your claim. If, however, you have any other questions regarding your claim, please feel free to contact us.

Michael Aaronson  
Bureau Chief  
Bureau of Law and Adjustment

*212 669 - 3500*  
*Marianne Keeney 212*  
*669 4748 - Carolyn*  
*212 669 - 8811 - adj's*



THE CITY OF NEW YORK OFFICE OF THE COMPTROLLER  
1 CENTRE STREET, NEW YORK, N.Y. 10007-2341

WILLIAM C. THOMPSON, JR.  
COMPTROLLER

015-151

Date: 9/16/2004  
RE: Acknowledgment - Tort  
WILFREDO BATISTA  
Claim number: 2004PI020068

WILFREDO BATISTA c/o BROGDON & BUNCH  
136-18 241 STREET- 2ND FL  
ROSEDALE, NY 11422

Receipt is hereby acknowledged of your claim. Please refer to the above claim number on any correspondence or inquiry you may have with this office.

Your claim is currently under investigation. Please be aware of the fact that we receive thousands of claims each year. Once we have completed our investigation, we may be in a position to make a settlement offer. It is also possible, however, that we will not. If we are unable for any reason to settle or resolve your claim and you wish to pursue your claim, you may bring a lawsuit against the City, if it is **started within one year ninety days from the date of the occurrence.**

Please note that property damage claims can take several months to investigate because, as part of our investigation, we must obtain necessary reports. We would appreciate it if you take this into account before calling us regarding the status of your claim. If, however, you have any other questions regarding your claim, please feel free to contact us.

Michael Aaronson  
Bureau Chief  
Bureau of Law and Adjustment



THE CITY OF NEW YORK OFFICE OF THE COMPTROLLER

1 CENTRE STREET, NEW YORK, N.Y. 10007-2341

WILLIAM C. THOMPSON, JR.  
COMPTROLLER

015-151

Date: 9/29/2004

RE: Acknowledgment - Tort  
WILFREDO BATISTA

Claim number: 2004PI020068

WILFREDO BATISTA c/o BROGDON & BUNCH  
136-18 241 STREET- 2ND FL  
ROSEDALE, NY 11422

Receipt is hereby acknowledged of your claim. Please refer to the above claim number on any correspondence or inquiry you may have with this office.

Your claim is currently under investigation. Please be aware of the fact that we receive thousands of claims each year. Once we have completed our investigation, we may be in a position to make a settlement offer. It is also possible, however, that we will not. If we are unable for any reason to settle or resolve your claim and you wish to pursue your claim, you may bring a lawsuit against the City, if it is **started within one year ninety days from the date of the occurrence.**

Please note that property damage claims can take several months to investigate because, as part of our investigation, we must obtain necessary reports. We would appreciate it if you take this into account before calling us regarding the status of your claim. If, however, you have any other questions regarding your claim, please feel free to contact us.

Michael Aaronson  
Bureau Chief  
Bureau of Law and Adjustment



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>New York City Law Dept. 100 Church Street New York, NY 10007-260</p>		<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>G. Jan-Cille</u> <input type="checkbox"/> Date of Delivery <u>9/12/04</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article <u>Trans</u></p> <p>PS Form</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
		2585-02-M-1540	

**PS Form 3811, August 2001**

**COMPLETE THIS SECTION ON DELIVERY**

**1. Article Addressed to:**  
New York City Dept. of  
Corrections  
60 Hudson Street  
New York, NY 10013

**2. Article Number**  
(Transfer from service label)

**3. Service Type**  
☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
☐ Restricted Delivery? (extra fee) ☐ Yes ☐ No

**4. Is delivery address different from item 1?** ☐ Yes ☐ No  
If YES, enter delivery address below:

**A. Signature**  
☒ **B. Agent**  
**C. Date of Delivery**  
**D. Received by** **E. Address**  
L. Blye

**Domestic Return Receipt**

102596-02-M-1540

CERT MAIL REGISTERED MAIL PRIORITY MAIL FIRST CLASS THIS SECTION		COMPLETE THIS SECTION ON RECEIPT	
<p>1. Article Addressed to:</p> <p>New York City Police Dept. 33rd Precinct 8120 Amsterdam Ave. New York, New York 10032</p>		<p>2. Article Number (Transfer from service label)</p> <p>7003 2260 0003 9689 3905</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee)</p> <p><input type="checkbox"/> Yes</p>	
<p>5. Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mail piece or on the front if space permits.</p>		<p>A. Signature</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>PS Form 3811, August 2001</p>		<p>Domestic Return Receipt</p> <p>102595-02-M-1540</p>	



**UNITED STATES POSTAL SERVICE**  
FIRST CLASS PERMIT NO. 1000 NEW YORK, NY 10004  
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

New York City Dept of Probation  
33 Beaver Street  
New York, NY 10004

2. Article Mark PS Form

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ X

B. Received by (Printed Name) Esse ☐ Agent ☐ Addressee

C. Date of Delivery 9-12-04

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type

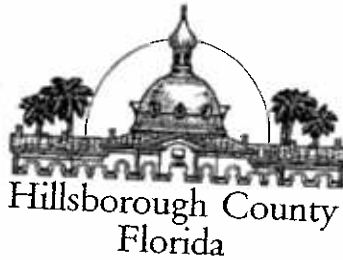
☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2595-02-44-1540



BOARD OF COUNTY COMMISSIONERS  
Office of the County Attorney



County Center  
601 E. Kennedy Blvd. -- 27th Floor

Mailing Address:  
P. O. Box 1110  
Tampa, Florida 33601  
(813) 272-5670  
Fax (813) 272-5231

October 28, 2004

Joy S. Bunch, Esquire  
Law Offices of Brogdon & Bunch, LLP  
136-18 241<sup>st</sup> Street, Second Floor  
Rosedale, NY 11422

Re: Your Clients: Wilfredo Batista and Anna Sanchez  
DOA: 6/17/2004

Dear Ms. Bunch:

I am in receipt of your Notice of Claim Under Florida Statute § 768.28 letter dated August 3, 2004, regarding a claim of Wilfredo Batista and Anna Sanchez. Please be advised that Hillsborough County is not a proper party to a claim alleging negligence by the Hillsborough County Sheriff's Office operates as a separate entity, and does not fall under the authority of the Hillsborough County Board of Commissioners.

Thank you for your attention to this matter.

Very truly yours,

A handwritten signature in dark ink, which appears to read "Robert E. Brazel". The signature is fluid and cursive, written over a light background.

Robert E. Brazel, Esquire  
Managing Attorney

REB/lis

cc: Matt Walker, Insurance & Claims

COMPLETE THIS SECTION ON DELIVERY	
<p><b>1. Article Addressed to:</b>                      Probation &amp; Parole Services                      (Crestview)                      John Edwards, Regional Director                      13130 Tampa Street, Room 103                      Tampa, FL 33602-3320</p>	
<p><b>2. Article Number</b>                      (Transfer from service label)                      PS Form 3811, August 2001</p>	
<p><b>3. Service Type</b>  <input type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered Mail  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Express Mail  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> C.O.D.  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	
<p><b>4. Restricted Delivery? (Extra Fee)</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	
<p><b>5. Date of Delivery</b>                      8/8/04</p>	
<p><b>6. Received by (Printed Name)</b>                      Janice Strawn</p>	
<p><b>7. Is delivery address different from item #1?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	
<p><b>8. Attach this card to the back of the mailpiece, or on the front if space permits.</b></p>	
<p><b>9. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</b></p>	
<p><b>10. Print your name and address on the reverse so that we can return the card to you.</b></p>	
<p><b>11. Attach this card to the back of the mailpiece.</b></p>	
<p><b>12. Attach this card to the front of the mailpiece, or on the front if space permits.</b></p>	
<p><b>13. Attach this card to the back of the mailpiece.</b></p>	
<p><b>14. Attach this card to the front of the mailpiece.</b></p>	
<p><b>15. Attach this card to the back of the mailpiece.</b></p>	
<p><b>16. Attach this card to the front of the mailpiece.</b></p>	
<p><b>17. Attach this card to the back of the mailpiece.</b></p>	
<p><b>18. Attach this card to the front of the mailpiece.</b></p>	
<p><b>19. Attach this card to the back of the mailpiece.</b></p>	
<p><b>20. Attach this card to the front of the mailpiece.</b></p>	
<p><b>21. Attach this card to the back of the mailpiece.</b></p>	
<p><b>22. Attach this card to the front of the mailpiece.</b></p>	
<p><b>23. Attach this card to the back of the mailpiece.</b></p>	
<p><b>24. Attach this card to the front of the mailpiece.</b></p>	
<p><b>25. Attach this card to the back of the mailpiece.</b></p>	
<p><b>26. Attach this card to the front of the mailpiece.</b></p>	
<p><b>27. Attach this card to the back of the mailpiece.</b></p>	
<p><b>28. Attach this card to the front of the mailpiece.</b></p>	
<p><b>29. Attach this card to the back of the mailpiece.</b></p>	
<p><b>30. Attach this card to the front of the mailpiece.</b></p>	
<p><b>31. Attach this card to the back of the mailpiece.</b></p>	
<p><b>32. Attach this card to the front of the mailpiece.</b></p>	
<p><b>33. Attach this card to the back of the mailpiece.</b></p>	
<p><b>34. Attach this card to the front of the mailpiece.</b></p>	
<p><b>35. Attach this card to the back of the mailpiece.</b></p>	
<p><b>36. Attach this card to the front of the mailpiece.</b></p>	
<p><b>37. Attach this card to the back of the mailpiece.</b></p>	
<p><b>38. Attach this card to the front of the mailpiece.</b></p>	
<p><b>39. Attach this card to the back of the mailpiece.</b></p>	
<p><b>40. Attach this card to the front of the mailpiece.</b></p>	
<p><b>41. Attach this card to the back of the mailpiece.</b></p>	
<p><b>42. Attach this card to the front of the mailpiece.</b></p>	
<p><b>43. Attach this card to the back of the mailpiece.</b></p>	
<p><b>44. Attach this card to the front of the mailpiece.</b></p>	
<p><b>45. Attach this card to the back of the mailpiece.</b></p>	
<p><b>46. Attach this card to the front of the mailpiece.</b></p>	
<p><b>47. Attach this card to the back of the mailpiece.</b></p>	
<p><b>48. Attach this card to the front of the mailpiece.</b></p>	
<p><b>49. Attach this card to the back of the mailpiece.</b></p>	
<p><b>50. Attach this card to the front of the mailpiece.</b></p>	
<p><b>51. Attach this card to the back of the mailpiece.</b></p>	
<p><b>52. Attach this card to the front of the mailpiece.</b></p>	
<p><b>53. Attach this card to the back of the mailpiece.</b></p>	
<p><b>54. Attach this card to the front of the mailpiece.</b></p>	
<p><b>55. Attach this card to the back of the mailpiece.</b></p>	
<p><b>56. Attach this card to the front of the mailpiece.</b></p>	
<p><b>57. Attach this card to the back of the mailpiece.</b></p>	
<p><b>58. Attach this card to the front of the mailpiece.</b></p>	
<p><b>59. Attach this card to the back of the mailpiece.</b></p>	
<p><b>60. Attach this card to the front of the mailpiece.</b></p>	
<p><b>61. Attach this card to the back of the mailpiece.</b></p>	
<p><b>62. Attach this card to the front of the mailpiece.</b></p>	
<p><b>63. Attach this card to the back of the mailpiece.</b></p>	
<p><b>64. Attach this card to the front of the mailpiece.</b></p>	
<p><b>65. Attach this card to the back of the mailpiece.</b></p>	
<p><b>66. Attach this card to the front of the mailpiece.</b></p>	
<p><b>67. Attach this card to the back of the mailpiece.</b></p>	
<p><b>68. Attach this card to the front of the mailpiece.</b></p>	
<p><b>69. Attach this card to the back of the mailpiece.</b></p>	
<p><b>70. Attach this card to the front of the mailpiece.</b></p>	
<p><b>71. Attach this card to the back of the mailpiece.</b></p>	
<p><b>72. Attach this card to the front of the mailpiece.</b></p>	
<p><b>73. Attach this card to the back of the mailpiece.</b></p>	
<p><b>74. Attach this card to the front of the mailpiece.</b></p>	
<p><b>75. Attach this card to the back of the mailpiece.</b></p>	
<p><b>76. Attach this card to the front of the mailpiece.</b></p>	
<p><b>77. Attach this card to the back of the mailpiece.</b></p>	
<p><b>78. Attach this card to the front of the mailpiece.</b></p>	
<p><b>79. Attach this card to the back of the mailpiece.</b></p>	
<p><b>80. Attach this card to the front of the mailpiece.</b></p>	
<p><b>81. Attach this card to the back of the mailpiece.</b></p>	
<p><b>82. Attach this card to the front of the mailpiece.</b></p>	
<p><b>83. Attach this card to the back of the mailpiece.</b></p>	
<p><b>84. Attach this card to the front of the mailpiece.</b></p>	
<p><b>85. Attach this card to the back of the mailpiece.</b></p>	
<p><b>86. Attach this card to the front of the mailpiece.</b></p>	
<p><b>87. Attach this card to the back of the mailpiece.</b></p>	
<p><b>88. Attach this card to the front of the mailpiece.</b></p>	
<p><b>89. Attach this card to the back of the mailpiece.</b></p>	
<p><b>90. Attach this card to the front of the mailpiece.</b></p>	
<p><b>91. Attach this card to the back of the mailpiece.</b></p>	
<p><b>92. Attach this card to the front of the mailpiece.</b></p>	
<p><b>93. Attach this card to the back of the mailpiece.</b></p>	
<p><b>94. Attach this card to the front of the mailpiece.</b></p>	
<p><b>95. Attach this card to the back of the mailpiece.</b></p>	
<p><b>96. Attach this card to the front of the mailpiece.</b></p>	
<p><b>97. Attach this card to the back of the mailpiece.</b></p>	
<p><b>98. Attach this card to the front of the mailpiece.</b></p>	
<p><b>99. Attach this card to the back of the mailpiece.</b></p>	
<p><b>100. Attach this card to the front of the mailpiece.</b></p>	

**PS Form 3811, August 2001**

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece or on the front if space permits.

1. Article Addressed to:

Hillsborough City Sheriff's Office  
P.O. Box 3371  
Tampa, FL 33601

2. Article Number (Transfer from service label)

7003 2260 0001 9689 3912

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

MICHAEL E JONES

Agent ☐ Addressee ☐

Date of Delivery 9/13/04

YES, enter delivery address below: ☐ Yes ☐ No

Delivery Type

☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SEP 13 2004 1061



COMPLETE THIS SECTION ON DELIVERY	
<b>CERTIFIED MAIL</b> SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	
<b>CLERK OF CIRCUIT COURT</b> <b>MAIL SERVICES</b>	
A. Signature <b>X</b> B. Received by (Printed Name) <b>SEP 0 4 00</b> C. Date of Delivery <b>SEP 0 4 00</b> D. Is delivery address different from item 2? <b>Yes</b> If YES, enter delivery address below: <b>No</b>	Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) <b>7003 2260 0001 9689 3837</b> PS Form 3811, August 2001 Domestic Return Receipt	
1. Article Addressed to: <b>Don Odon</b> <b>Interim County Attorney</b> <b>County Center, 87th St</b> <b>601 E. Kennedy Blvd</b> <b>Tampa, FL 33602</b>	

102595-02-M-1540



AO 440 (Rev. 10/93) Summons in a Civil Action - SDNY WEB 4/99

## United States District Court

SOUTHERN

DISTRICT OF

NEW YORK

WILFREDO BATISTA and ANNA SANCHEZ,

## SUMMONS IN A CIVIL CASE

V.

CASE NUMBER: 05 CV 8444 (JES)

THE CITY OF NEW YORK, THE COUNTY  
OF NEW YORK, NEW YORK CITY  
DEPARTMENT OF CORRECTIONS, NEW YORK  
CITY DEPARTMENT OF PROBATION, NEW  
YORK, *et al*

TO: (Name and address of defendant)

PROBATION & PAROLE SERVICES (Region 2)  
John Edward, Regional Director  
1313 N. Tampa Street, Room 903  
Tampa, FL 33602-3330

1-800		
11/02/05		
11/08/59	<b>SERVED</b>	
DATE:	11/11/05	
TIME:	5:50	
WHO:	NANCY HAM	

Deputy Reg  
FLA Dept of Corrections

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

LAW OFFICES OF BROGDON & BUNCH, LLP  
250 Fulton Avenue, Suite M200  
Hempstead, New York 11550

an answer to the complaint which is herewith served upon you, within 30 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

RACE B W HSEX M FAGE 45-50SEP 30 2005 5.8

J. MICHAEL McMAHON

CLERK

DATE

WGT #130HAIR Red

OTHER \_\_\_\_\_

(BY) DEPUTY CLERK

*Marcos Quintero*

## VERIFIED RETURN OF SERVICE

Court	County	Case #	Court Date & Time
SOUTHERN DISTRICT OF NEW YORK US DISTRICT COURT		05-CV-844-(JES)	

Plaintiff: WILFREDO BATISTA  
-v- ANNA SANCHEZ  
Defendant: THE CITY OF N.Y., THE COUNTY OF N.Y.,  
N.Y. CITY DEPT. OF CORR., N.Y. CITY DEPT. OF PROB., N.Y., ET AL

LAW OFFICES OF BROGDON & BUNCH, LLP  
JOY S. BUNCH, ESQUIRE  
250 FULTON AVE. SUITE M200  
HEMPSTEAD, N.Y. 11550

Process  
SUMMONS; VERIFIED COMPLAINT

Served Upon

PROBATION & PAROLE SERVICES (REGION 2)  
1313 N. TAMPA ST. ROOM 903 JOHN EDWARD, REGIONAL DIRECTOR TAMPA, FL

Received this process on November 2, 2005 at 10:19AM and Served the same on  
PROBATION & PAROLE SERVICES (REGION 2)  
at 3:50PM on November 4, 2005, in TAMPA, HILLSBOROUGH County, FL

**GOVERNMENT AGENCY**

PUBLIC AGENCY SERVICE: F.S. 48.111 (1)(a)(b)(c) (2) (3)

By Serving: NANCY HAM  
As: DEPUTY REGINAL DIRECTOR  
For: FLORIDA DEPARTMENT OF CORRECTIONS

Circuit Certified Or Appointed Process Server:

SEAN B. SEGEL  
016806593 - HILLSBOROUGH County

11/17/2005

Tracker For Windows v5.7  
Affidavit2

I Acknowledge that I am authorized to serve process, in good standing in the jurisdiction wherein this process was served and I have no interest in the above action. Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true. F.S.92.525(2).

Our #: 110859  
Client's #:

SERVE-EM.COM  
ROBERT H. GIBSON  
1711 LATHUM ROAD  
1ST FLOOR  
WEST PALM BEACH, FL. 33409-513



CHARLIE CRIST  
ATTORNEY GENERAL  
STATE OF FLORIDA

OFFICE OF THE ATTORNEY GENERAL  
Tampa Civil Litigation Bureau

501 East Kennedy Boulevard, Suite 1100  
Tampa, Florida 33602-5237  
T - (813) 233-2880, SunCom 512-5465  
F - (813) 233-2886, SunCom 512-5469

April 20, 2006

Law Offices of Brogdon & Bunch, LLP  
Attn: Joy S. Bunch  
250 Fulton Avenue, Suite M200  
Hempstead, NY 11550  
facsimile (516) 292-3858

Re: Batista v. NYC et. al  
Case No: 1:05-cv-08444-JES

Dear Ms. Bunch:

I received your letter dated April 6, 2006 in my office on Tuesday April 18, 2006. Please be advised that while my address is 501 East Kennedy Blvd, Tampa, Florida I am employed by the Office of the Attorney General, not the Florida Department of Corrections. This may have been the reason for the delay of the letter arriving at my desk.

As we previously discussed, the lawsuit lists Hillsborough County Department of Corrections as a named party but the summons was issued for John Edward, Regional Director with the Florida Department of Corrections. It was also discussed whether I could accept service at that time, or if the appropriate party would need to be listed and served. I have attempted to obtain this information from my client, the Florida Department of Corrections. Unfortunately due to personnel changes at the upper level I have not received the authority to accept service on their behalf.

Therefore, since the State of Florida, Department of Corrections was not listed as a party or properly served, and I have not filed an appearance in the case, I do not believe that it would be appropriate for me to attend the pre-trial conference scheduled for Monday, April 24, 2006.

If you have any questions regarding this letter please do not hesitate to contact me.

Sincerely,

  
Gerald D. Siebens  
Assistant Attorney General



CHARLIE CRIST  
ATTORNEY GENERAL  
STATE OF FLORIDA

OFFICE OF THE ATTORNEY GENERAL  
Tampa Civil Litigation Bureau

501 East Kennedy Boulevard, Suite 1100  
Tampa, Florida 33602-5237  
T - (813) 233-2880, SunCom 512-5465  
F - (813) 233-2886, SunCom 512-5469

September 26, 2006

Law Offices of Brogdon & Bunch, LLP  
Attn: Joy S. Bunch  
250 Fulton Avenue, Suite M200  
Hempstead, NY 11550  
via facsimile (516) 292-3858

Re: Batista v. NYC et. al  
Case No: 1:05-cv-08444-JES

Dear Ms. Bunch:

Your letter dated September 8, 2006 has been received in my office. Please be advised that I have spoken with my clients twice about this matter and they have no knowledge of any service being accomplished. Additionally, I do not have the authority to accept service on behalf of my client.

I do thank you for the information regarding the hearing scheduled for September 28, 2006. Unfortunately since I have no proof of my client being properly served, and I have not made an appearance in the case, I do not believe that it would be appropriate for me to attend the pre-trial conference.

If you have any questions regarding this letter please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Gerald D. Siebens".

Gerald D. Siebens  
Assistant Attorney General